

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.		FILING DATE	
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	1						51			
2		1				52					
3		1				53					
4		1				54					
5		1				55					
6		1				56					
7		1				57					
8		1				58					
9		1				59					
10		1				60					
11		1				61					
12	1					62					
13		1				63					
14		1				64					
15		1				65					
16	1					66					
17		1				67					
18		1				68					
19		1				69					
20		1				70					
21	1					71					
22		1				72					
23		1				73					
24						74					
25						75					
26						76					
27						77					
28						78					
29						79					
30						80					
31						81					
32						82					
33						83					
34						84					
35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	3					TOTAL IND.					
TOTAL DEP.	20	↔				TOTAL DEP.	↔				
TOTAL CLAIMS	23					TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS